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Longitudinal Evaluation of Pediatric Residency Didactics Transition from Noon Conference to an Academic Half Day

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BACKGROUND: In 2009, the UNM Pediatric Residency transitioned program didactics from noon conference to an academic half day. Immediate evaluation of resident and faculty satisfaction, resident attendance, board exam pass rate and In-Training-Exam (ITE) scores showed improvements with this change. OBJECTIVE: Investigate the longitudinal impact of the academic half day at UNM on resident and faculty satisfaction, resident attendance and clinical knowledge in the form of standardized exam results. METHODS: In this mixed-methods study, surveys regarding satisfaction were conducted of current pediatric residents (n=32) and faculty (n=32) at UNM. To assess clinical knowledge, quantitative measures such as senior resident ITE scores and pediatric board exam pass rate will be evaluated. Finally, focus groups were conducted with pediatric residents and faculty separately to evaluate concepts related to resident autonomy, competence and engagement with the academic half day. RESULTS: Preliminary review of survey data shows 88% and 63% overall satisfaction with the academic half day format from residents and faculty respectively, consistent with 2012 study results. Similar to prior, residents feel that the academic half day does not interfere with clinical education (97%) or patient care duties (83%). Pediatric Board exam pass rate from 2015-2017 is 65% which is similar to pass rates prior to the academic
half day. Senior resident ITE scores and resident attendance rates are currently being compiled. Initial review of focus groups shows preference for academic half day in relation to decreasing interruptions to patient care and increase in resident autonomy in clinical areas. CONCLUSIONS: Preliminary data shows sustained overall satisfaction amongst residents and faculty. Board exam pass rates are unchanged, focus groups have identified further areas of intervention including increased resident engagement in didactics.